

U.S. DEPARTMENT OF TRANSPORTATION: Maritime Administration  
PERSONAL INJURY/SERIOUS ILLNESS REPORT PACKAGE

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_

Master	Date Mailed	Port

Seaman	Social Security Number	Vessel	Date of Incident

.....  
IF THE AFFECTED SEAMAN WAS LOGGED FOR MISCONDUCT, ANSWER QUESTIONS BELOW  
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Was breathalyzer test given?      ☐ Yes      ☐ No

If NO, state reason: \_\_\_\_\_

Were persons involved asked to supply specimen for drug analysis?      ☐ Yes      ☐ No

If NO, state reason: \_\_\_\_\_

Name(s) of Person(s) Tested	Breathalyzer Test	Drug Analysis
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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COMPLETED ITEMS TO BE INCLUDED IN THIS REPORT PACKAGE (WHERE APPLICABLE)

Description of Item	Included
Seaman Data Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Particulars of Engagement and Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seaman's Statement of Physical Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Report of Injury/Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Individual Reporting Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's Report of Request for Medical Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report of Attending Dentist/Physician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report of Investigation of Serious Illness/Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Witness and/or Person Nearby Scene of Reported Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Non-Witness to Personal Injury Incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
USCG Form 2692 Report of Marine Accident/Injury or Death	<input type="checkbox"/> Yes <input type="checkbox"/> No
USCG Form 2692B Report of Required Chemical Drug & Alcohol Testing...	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photograph(s) and/or diagram(s) of accident scene	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of applicable medical/deck or engine/official log entries	<input type="checkbox"/> Yes <input type="checkbox"/> No